


# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **January 1st through 15th**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

**PART I - FACESHEET****APPLICATION FOR FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Non-Construction																			
<b>2. DATE SUBMITTED TO CORPORATION FOR NATIONAL SERVICE (CNS):</b>  January 15, 2003	<b>3. a. DATE RECEIVED BY STATE:</b>  <b>4. a. DATE RECEIVED BY CNS:</b>																		
<b>3.b. STATE APPLICATION IDENTIFIER:</b> 03-SR027863  <b>4.b. CNS GRANT NUMBER:</b> 03-SRPCA082																			
<b>5. APPLICANT INFORMATION</b>																			
<b>LEGAL NAME:</b> Retired & Senior Volunteer Program <b>ORGANIZATIONAL UNIT:</b> City of Culver City <b>ADDRESS (give street address, city, county, state and zip code):</b> 4153 Overland Ave. Culver City, CA 90230 Los Angeles County	<b>NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):</b> <b>NAME:</b> Patricia A. Mooney <b>TELEPHONE NUMBER:</b> (310) 253 - 6722 <b>FAX NUMBER:</b> (310) 253 - 6711 <b>INTERNET E-MAIL ADDRESS:</b> rsvp@culvercity.org																		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95 - 6000007	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div>																		
<b>8. TYPE OF APPLICATION (Check appropriate box):</b> <input type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION <input checked="" type="checkbox"/> YEAR 1 OF A SINGLE OR MULTI-YEAR GRANT If Revision, enter appropriate letter(s) in box(es): <span style="border: 1px solid black; padding: 2px;">  </span> <span style="border: 1px solid black; padding: 2px;">  </span>  A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    E. Other (specify):	A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District O. Other (specify)  H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Private Non-Profit Organization																		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> RSVP: 94.002 FGP: 94.011 SCP: 94.016 Senior Demonstration: 94.015	<b>9. NAME OF FEDERAL AGENCY:</b> Corporation for National and Community Service  <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> City of Culver City Retired & Senior Volunteer Program																		
<b>12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.):</b> Culver City and surrounding areas, Los Angeles County, CA																			
<b>13. PROPOSED PROJECT:</b> <b>START DATE:</b> 4/1/2003 <b>END DATE:</b> 3/31/2006																			
<b>14. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. FEDERAL</td> <td style="width:10%;">\$</td> <td style="width:70%; text-align: right;">43,167</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$</td> <td style="text-align: right;">131,176</td> </tr> <tr> <td>c. STATE</td> <td>\$</td> <td></td> </tr> <tr> <td>d. LOCAL</td> <td>\$</td> <td></td> </tr> <tr> <td>e. OTHER</td> <td>\$</td> <td></td> </tr> <tr> <td>f. TOTAL</td> <td>\$</td> <td style="text-align: right;">174,343</td> </tr> </table>	a. FEDERAL	\$	43,167	b. APPLICANT	\$	131,176	c. STATE	\$		d. LOCAL	\$		e. OTHER	\$		f. TOTAL	\$	174,343	<b>15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE: Wednesday, January 15, 2003  b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW  <b>16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> YES If "Yes," attach an explanation. <input type="checkbox"/> NO
a. FEDERAL	\$	43,167																	
b. APPLICANT	\$	131,176																	
c. STATE	\$																		
d. LOCAL	\$																		
e. OTHER	\$																		
f. TOTAL	\$	174,343																	
<b>17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																			
<b>a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:</b> Mike Thompson	<b>b. TITLE:</b> Chief Administrative Officer																		
<b>c. TELEPHONE NUMBER:</b> 310-235-6700																			
<b>d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:</b> 	<b>e. DATE SIGNED:</b> 1/8/03																		

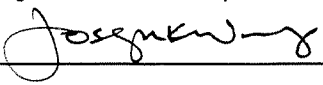
Modified Standard Form 424-NSSC (Rev 4/01)

Approved as to Content:

Don Rogers, Director PR &amp; CS Dept.

Approved as to Form:

Carol Schwab, City Attorney

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>January 13, 2003</b>		Applicant Identifier	
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: <b>Port of Oakland</b>			Organizational Unit: <b>Port of Oakland Acting by and through its Board of Port Commissioners</b>		
Address (give city, county, state, and zip code)  <b>530 Water Street Oakland, CA 94607</b>			Name and telephone number of the person to be contracted on matters involving this application (give area code)  <b>Christina Lee (510) 627-1510</b>		
EMPLOYER IDENTIFICATION NUMBER (EIN):  <div style="border: 1px solid black; padding: 2px; display: inline-block;">9</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">4</div> - <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">7</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">4</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px; float: right;"><b>C</b></span>		
8. TYPE OF APPLICATION:  <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es): A Increase Award      B Decrease Award      C Increase Duration D Decrease Duration      Other (specify)			<div style="border: 1px solid black; padding: 5px; float: right; text-align: center;"> <b>RECEIVED</b> JAN 14 2003         </div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER  <div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> . <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div>			9. NAME OF FEDERAL AGENCY  <b>STATE CLEARING HOUSE</b>		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):  <b>San Francisco Bay Area</b>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  <b>1. Terminal Security Screening Checkpoint Improvement 2. Reconsturction of Aircraft Apron Adjacent to Building L-410 and L-510 3. Terminal 2 Building &amp; Security Improvements - Apron Improvement 4. Terminal 2 Building &amp; Security Improvements - Shoreline Stabilization 5. Security Access Control System at Taxiway Bravo Bridge</b>		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF			
Start Date <b>July 2003</b>	Ending Date <b>Nov. 2004</b>	a. Applicant <b>7</b>		b. Project <b>4</b>	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS			
a. Federal	\$ <b>9,942,844 .00</b>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
b. Applicant	\$ <b>2,544,462 .00</b>	DATE: <b>January 13, 2003</b>			
c. State	\$ .	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local	\$ .	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other	\$ .	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program income	\$ .	<input type="checkbox"/> Yes If yes, attach an explanation <input checked="" type="checkbox"/> No			
g. TOTAL	\$ <b>12,487,306 .00</b>	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a. Typed Name of Authorized Representative <b>Joseph K. Wong</b>		b. Title <b>Director of Engineering</b>		c. Telephone number <b>(510) 627-1240</b>	
d. Signature of Authorized Representative 				e. Date Signed <b>January 13, 2003</b>	

# APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED  
January 14, 2003

Applicant Identifier

OMB Approval No. 0348-0043

JAN 14 2003

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

STATE CLEARING HOUSE

## 1. TYPE OF SUBMISSION:

Application  
☐ Construction  
☐ Non-Construction

Preapplication  
☐ Construction  
☒ Non-Construction

## 5. APPLICANT INFORMATION

Legal Name:

Santa Clara Valley Water District

Organizational Unit:

Water Use Efficiency

Address (give city, county, State, and zip code):

5750 Almaden Expressway, San Jose, CA, 95118

Name and telephone number of person to be contacted on matters involving this application (give area code)

Pamela John, (408)265-2600ext.3003

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

94 -- 1695531

## 8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration  
D. Decrease Duration Other(specify):

## 7. TYPE OF APPLICANT: (enter appropriate letter in box)

G

A. State H. Independent School Dist.  
B. County I. State Controlled Institution of Higher Learning  
C. Municipal J. Private University  
D. Township K. Indian Tribe  
E. Interstate L. Individual  
F. Intermunicipal M. Profit Organization  
G. Special District N. Other (Specify)

## 9. NAME OF FEDERAL AGENCY:

Department of the Interior, Bureau of Reclamation

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

00-0000

TITLE:

## 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Santa Clara County and the City of Palo Alto

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Evaluating Membrane Processes for Treating Brackish and Recycled Water to Potable Standards

## 13. PROPOSED PROJECT

Start Date Ending Date  
10/1/03 9/30/05

## 14. CONGRESSIONAL DISTRICTS OF:

a. Applicant  
11,14,15,16

b. Project  
11

## 15. ESTIMATED FUNDING:

a. Federal	\$	270,000 <sup>00</sup>
b. Applicant	\$	230,000 <sup>00</sup>
c. State	\$	<sup>00</sup>
d. Local	\$	40,000 <sup>00</sup>
e. Other	\$	<sup>00</sup>
f. Program Income	\$	<sup>00</sup>
g. TOTAL	\$	540,000 <sup>00</sup>

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 01/14/03

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative  
Pamela John

b. Title  
Senior Engineer

c. Telephone Number  
(408) 265-2600

d. Signature of Authorized Representative

*Pamela John for Pamela John*

e. Date Signed  
January 14, 2003

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED 1/15/2003	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier JAN 14 2003
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Legal Name: San Diego County Water Authority		Organizational Unit: San Diego County Water Authority	
Address (give city, county, State, and zip code): 4677 Overland Avenue, San Diego San Diego County, California 92123		Name and telephone number of person to be contacted on matters involving this application (give area code): Robert R. Yamada / (858) 522-6744	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6002767		7. TYPE OF APPLICANT: (enter appropriate letter in box) G	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Water Desalination Research and Development Program TITLE: 15-506		9. NAME OF FEDERAL AGENCY: Department of Interior Bureau of Reclamation	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California, Arizona, Nevada Los Angeles, CA : San Diego, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Seawater Desalination Supply Integration Study	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10/03	Ending Date 4/05	a. Applicant Districts: 49, 50, 52 & 53	
15. ESTIMATED FUNDING:		b. Project CA: 1-53 AZ: 1-6 NV: 1-2	
a. Federal	\$ 270,000	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant	\$ 135,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 1/14/2003	
c. State	\$	D. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 135,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 90,000	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 630,000	a. Type Name of Authorized Representative Ken Weinberg	
		b. Title Director of Water Resources	c. Telephone Number (858) 522-6741
		d. Signature of Authorized Representative	e. Date Signed 1/14/2003



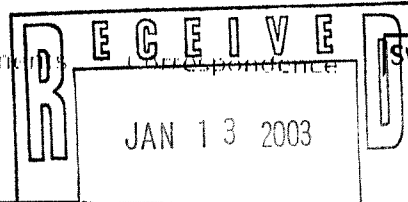
## FY 2003 Legal Assistance for Victims' Grant Program

2003.X0359-CA-WI



Application    Award    Reporting    Payments    Correspondence    Switch to ...

**Review SF-424** Print a Copy



Application Handbook

Overview

Applicant  
Information

Project Information

Budget and  
Program  
Attachments

Assurances and  
Certifications

Review SF 424

Submit Application

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Asked Questions

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<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 1-13-03 STATE CLEARING HOUSE	Applicant Identifier
1. TYPE OF SUBMISSION Application Non-Construction	3. DATE RECEIVED BY STATE		State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
<b>Legal Name</b> Los Angeles Commission on Assaults Against Women		<b>Organizational Unit</b> Commission On Assaults Against Women	
<b>Address</b> 605 W. Olympic Blvd. Suite 400 Los Angeles, California 90015-1445		<b>Name and telephone number of the person to be contacted on matters involving this application</b>  Friedman, Cathy R. (213) 955-9090	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN)</b> 51-0179305		<b>7. TYPE OF APPLICANT</b> Non Profit	
<b>8. TYPE OF APPLICATION</b> New		<b>9. NAME OF FEDERAL AGENCY</b> Violence Against Women Office	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE</b> NUMBER: 16.524 CFDA CIVIL LEGAL ASSISTANCE GRANT TITLE: PROGRAM		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT</b> Legal Assistance For Victims	
<b>12. AREAS AFFECTED BY PROJECT</b> Los Angeles County			
<b>13. PROPOSED PROJECT</b> Start Date: July 01, 2003 End Date: June 30, 2005		<b>14. CONGRESSIONAL DISTRICTS OF</b>  a. Applicant b. Project CA25	
<b>15. ESTIMATED FUNDING</b> Federal \$416,659		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER</b>	

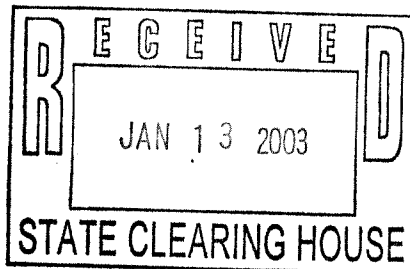
Applicant	\$0	<b>12372 PROCESS?</b>
State	\$0	This preapplication/application was made available to the state executive order 12372 process for review on
Local	\$0	
Other	\$0	
Program Income	\$0	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>
TOTAL	\$416,659	N
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.</b>		

**continue**

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED January 13, 2003	Applicant Identifier
1. TYPE OF SUBMISSION Application Non-Construction	3. DATE RECEIVED BY STATE		State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name Jenesse Center Inc		Organizational Unit Legal Services	
Address P O Box 8476 Los Angeles , California 90008-0476		Name and telephone number of the person to be contacted on matters involving this application Earl, Karen (323) 299-9496	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 95-3652529		7. TYPE OF APPLICANT Non Profit	
8. TYPE OF APPLICATION New		9. NAME OF FEDERAL AGENCY Violence Against Women Office	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 16.524 CFDA CIVIL LEGAL ASSISTANCE GRANT TITLE: PROGRAM		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Provide legal assistance for victims of domestic violence, sexual assault and stalking by providing direct services, staff training and data collection. Fiscal Year: July 1 to June 30. Federal cognizant audit agency: Welch & Co., C.P.A.	
12. AREAS AFFECTED BY PROJECT City of Los Angeles, Los Angeles County, various counties statewide and various counties nationwide			
13. PROPOSED PROJECT Start Date: July 01, 2003 End Date: June 30, 2005		14. CONGRESSIONAL DISTRICTS OF a. Applicant b. Project CA33 CA35	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
Federal	\$449,299		
Applicant	\$0		



State	\$0	Program has not been selected by state for review
Local	\$0	
Other	\$0	
Program Income	\$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
TOTAL	\$449,299	
		N
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.		

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# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> <i>Application</i> <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> January 8, 2003	Application Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICATION INFORMATION</b> Legal Name: County of Ventura		Organizational Unit County Executive Office
Address (give city, county, state, and zip code) County of Ventura 800 South Victoria Avenue, L#1940 Ventura, CA 93009		Name and telephone number of the person to be contacted on matters involving this application (give area code) Monica Nolan (805) 662-6868
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 5px; display: inline-block;">           9 5 — 6 0 0 0 9 4 4         </div>		<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px 5px;">B</span> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div>           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other(Specify): _____         </div> </div>
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in boxes(es) <div style="display: flex; justify-content: space-between; font-size: small;"> <div>           A. Increase Award            D. Decrease Duration         </div> <div>           B. Decrease Award            Other (specify): _____         </div> <div>           C. Increase Duration         </div> </div>		<b>9. NAME OF FEDERAL AGENCY:</b>
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 5px; display: inline-block;">           1 1 — 3 0 3         </div> TITLE: EDA Local Technical Assistance Grant		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <u>Rural Tourism Planning Study</u> Project will enhance the area's tourism potential by studying the impact of expanded tourism activities.
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> Ventura County's Santa Clara Valley, including the Cities of Santa Paula, Fillmore and the Piru Community		<div style="border: 1px solid black; padding: 10px; text-align: center;"> <div style="font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold;">JAN 13 2003</div> </div>

<b>13. PROPOSED PROJECT:</b> Start Date      Ending Date		<b>14. CONGRESSIONAL DISTRICTS OF:</b> 23rd a. Applicant      b. Project
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<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: January 8, 2003 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 70,000. <sup>00</sup>	
b. Applicant	\$ <sup>00</sup>	
c. State	\$ <sup>00</sup>	
d. Local	\$ 70,000. <sup>00</sup>	
e. Other	\$ <sup>00</sup>	
f. Program Income	\$ <sup>00</sup>	
g. TOTAL      \$ 140,000. <sup>00</sup>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes      If "Yes," attach an explanation. <input checked="" type="checkbox"/> No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED		
a. Typed Name of Authorized Representative Marty Robinson	b. Title Chief Deputy Executive Officer	c. Telephone number (805) 654-2864
d. Signature of Authorized Representative 		e. Date Signed 01/09/03

DOT



FTA

U.S. Department of Transportation

Federal Transit Administration

## Application for Federal Assistance

Recipient ID:	5830	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>R E C E I V E D</b>  JAN 10 2003  <b>STATE CLEARING HOUSE</b> </div>
Recipient Name:	ACCESS SERVICES, INC.	
Project ID:	CA-16-0039-01	
Budget Number:	2 - Budget Pending Approval	
Project Information:	FY02 CAP PRJCTS; PURCHASED TRANSP,	

### Part 1: Recipient Information

Project Number:	CA-16-0039-01
Recipient ID:	5830
Recipient Name:	ACCESS SERVICES, INC.
Address:	633 WEST 5TH STREET 9TH FLOOR, LOS ANGELES, CA 90017 0000
Telephone:	(213) 270-6000
Facsimile:	(213) 270-6057

### Union Information

Recipient ID:	5830
Union Name:	Gardena Municipal Employees Association
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	Ellen Emerson
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	LOS ANGELES DEPUTY SHERRIFFS
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	DOUGLAS MCLELLAN
Telephone:	
Facsimile:	

Recipient ID:	5830
Union Name:	INTERNATIONAL BROTHERHOOD OF TEAMSTERS
Address 1:	
Address 2:	
City:	, 00000 0000
Contact Name:	JAMES, P. HOFFA
Telephone:	
Facsimile:	

## Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$0
Project Number:	CA-16-0039-01	Adjustment Amt:	\$0
Project Description:	FY02 CAP PRJCTS; PURCHASED TRANSP,	Total Eligible Cost:	\$0
Recipient Type:	Other Nonprofit Organization	Total FTA Amt:	\$0
FTA Project Mgr:	Ray Tellis	Total State Amt:	\$0
Recipient Contact:	Arun Prem 213.270.6082	Total Local Amt:	\$0
New/Amendment:	Amendment	Other Federal Amt:	\$0
Amend Reason:	Other	Special Cond Amt:	\$0
Fed Dom Asst. #:	20513	Special Condition:	None Specified
Sec. of Statute:	5310	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Jul. 01, 2001 - Oct. 31, 2002	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	Dec. 31, 2002	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 04, 2002		
Program Page:	6		
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

## Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA

APPLICATION FOR  
FEDERAL ASSISTANCE

2. . SUBMITTED

December 16, 2002

Applicant Identifier

## 1. TYPE OF SUBMISSION:

## Application

- ☐ Construction  
☒ Non-Construction

## Preapplication

- ☐ Construction  
☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

## 5. APPLICANT INFORMATION

Legal Name:

County of Plumas

Organizational Unit:

Planning Department

Address (give city, county, state and zip code):

520 Main Street, Room 121  
Quincy, Plumas County  
California 95971

Name and telephone number of the person to be contacted on matters involving this application (give area code)

John McMorro  
(530) 283-6420

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN)

9 4 - 6 0 0

TYPE OF APPLICANT: (enter appropriate letter in box)

B

## 8. TYPE OF APPLICATION:

- ☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

☐ ☐

- A. Increase Award B. Decrease Award C. Increase Duration  
D. Decrease Duration Other (specify):

- A. State H. Independent School Dist.  
B. County I. State Controlled Institution of Higher Learning  
C. Municipal J. Private University  
D. Township K. Indian Tribe  
E. Interstate L. Individual  
F. Intermunicipal M. Profit Organization  
G. Special District N. Other (Specify)

## 9. NAME OF FEDERAL AGENCY:

Federal Aviation Administration

10. CATALOG OF FEDERAL DOMESTIC  
ASSISTANCE NUMBER:

2 0 - 1 0 6

TITLE: Planning Grant Program

## 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

**Rogers Field, Chester, Plumas County, California**  
Environmental Assessment Studies

## 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Chester, Plumas County, California

## 13. PROPOSED PROJECT:

Start Date  
2003

Ending Date  
2004

## 14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

02

b. Project

02

## 15. ESTIMATED FUNDING:

a. Federal	\$	199,800 .00
b. Applicant	\$	12,210 .00
c. State		9,990 .00
d. Local	\$	0 .00
e. Other	\$	0 .00
f. Program Income	\$	0 .00
g. TOTAL	\$	222,000 .00

## 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

- a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE  
STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE December 20, 2002

- b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

## 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

- ☐ Yes If "Yes," attach an explanation ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY  
AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative

John McMorro

b. Title

Airport Coordinator

c. Telephone Number

(530) 283-6420

d. Signature of Authorized Representative

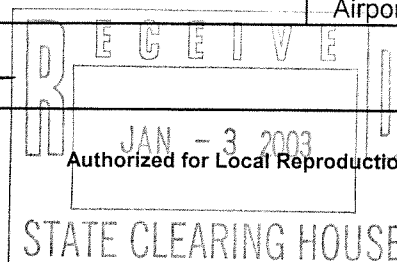
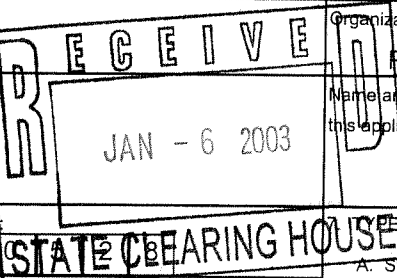
e. Date Signed

12/30/02

Previous Editions Not Usable

Standard Form 424 (REV 4-88)

Prescribed by OMB Circular A-102



APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier														
<b>5. APPLICANT INFORMATION</b> Legal Name: STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier														
<b>6. EMPLOYER IDENTIFICATION (EIN):</b>  <b>68-0317191</b>		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier														
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:		<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter here) <u>A</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):															
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <b>66.468</b> TITLE: CAPITALIZATION GRANTS FOR DRINKING WATER STATE REVOLVING FUND		<b>9. NAME OF FEDERAL AGENCY:</b> <b>ENVIRONMENTAL PROTECTION AGENCY</b>															
<b>12. AREAS AFFECTED BY PROJECT</b> (cities, counties, states, etc.):  CALIFORNIA - STATEWIDE		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>  DRINKING WATER STATE REVOLVING FUND LOAN PROGRAM															
<b>13. PROPOSED PROJECT:</b> Start Date 01-01-03 End Date 9-30-09		<b>14. CONGRESSIONAL DISTRICT OF</b> a. Applicant: 1 b. Project ALL															
<b>15. Estimated Funding:</b> <table><tr><td>a. Federal</td><td>\$ 82,460,900</td></tr><tr><td>b. Applicant</td><td>\$</td></tr><tr><td>c. State</td><td>\$16,492,180</td></tr><tr><td>d. Local</td><td>\$</td></tr><tr><td>e. Other</td><td>\$2,000,000</td></tr><tr><td>f. Program Income</td><td>\$</td></tr><tr><td>g. TOTAL</td><td>\$ 100,953,080</td></tr></table>		a. Federal	\$ 82,460,900	b. Applicant	\$	c. State	\$16,492,180	d. Local	\$	e. Other	\$2,000,000	f. Program Income	\$	g. TOTAL	\$ 100,953,080	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? YES</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE <u>December 31, 2002</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR	
a. Federal	\$ 82,460,900																
b. Applicant	\$																
c. State	\$16,492,180																
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<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> YES If "Yes" attach an explanation. <input checked="" type="checkbox"/> NO															
a. Typed Name of Authorized Representative:  David Souleles		b. Title: Chief Deputy Director															
d. Signature of Authorized Representative		c. Telephone Number 916-653-9306															
		e. Date Signed															

STATE CLEARING HOUSE